

TRANSCRIPT OF AUDIO FILE:

2015-05-19 13.00 SAMHSA MAI-CoC WEBINAR SERIES_ PROGRAM INCOME

The text below represents a professional transcriptionist's understanding of the words spoken. No guarantee of complete accuracy is expressed or implied, particularly regarding spellings of names and other unfamiliar or hard-to-hear words and phrases. (ph) or (sp?) indicate phonetics or best guesses. To verify important quotes, we recommend listening to the corresponding audio. Timestamps throughout the transcript facilitate locating the desired quote, using software such as Windows Media player.

BEGIN TRANSCRIPT:

VICTOR: ... MAI-CoC cohorts of grantees. We will be beginning the webinar in a couple of minutes, we just want to give the opportunity to some grantees to log on. So if you can please hold on for another two minutes, we will be starting soon. Thank you.

[silence to 0:02:40]

VICTOR: Good afternoon everybody, and welcome to today's webinar. I'd like to welcome you to Using Program Income for MAI-CoC Grantees. Again, this is the webinar for month of May for the MAI-CoC cohorts of grantees. This webinar is brought to you by the SAMHSA/HRSA Center for Integrated Health Solutions.

Now, before we get started, I'd like to draw your attention to some important webinar logistics. Today's webinar is being recorded, and an audio version of the entire webinar will be available on the CIHS website within 48 hours, and a pdf of the presentation is currently available at the MAI-CoC online community webpage. You are currently in listen-only mode. If you are listening on your phone please enter the audio PIN number from the control panel on the right of your screen onto your phone's keypad. [0:04:00]

You may send us questions for the speakers at any time during the webinar. Simply type your question into the dialog box on the right of your screen and send it to the organizer. Depending on the question, I may type an answer back to you, or we will save it until the end. We will answer as many questions as time allows. If you experience technical difficulties at any point during the webinar please call Citrix tech support at (888) 259-8414.

Before we get started with today's webinar I would like to mention that in addition to the presentation of Program Income from Ms. Eileen Bermudez, we also have a brief presentation from Ms. Elicia McIntyre from CSAT on the Coverage to Care Initiative, which is an initiative to help people with new healthcare coverage understand their benefits and connect to primary care and the preventive services that are right for them. Ms. McIntyre's presentation will immediately

follow Ms. Bermudez, and at the conclusion of Ms. McIntyre's presentation we will have the question and answer period.

So to get started I would like to introduce Ms. Eileen Bermudez from the Office of Financial Resources at the Division of Grants Management in SAMHSA. Ms. Bermudez is currently the team lead for CSAT and CSAT Centers. She has been a grants management specialist at SAMHSA for approximately ten years and she is currently a grants management specialist for the Pregnant and Postpartum Women Program. She is a graduate from the University of Maryland at College Park here in Maryland. So without further delay I would like to introduce Ms. Eileen Bermudez. Ms. Bermudez. [0:06:10]

EILEEN BERMUDEZ: Hello, good afternoon everyone. Thank you for joining us at this webinar. There are a few things that I wanted to go over. I know that the slide is available to you, I'm just going to allow you to have these slides as a reference point, and I'll just briefly go over them and just discuss them just to go over them. Can you take me to the next slide?

Slide: Topics Covered in this Presentation

What we'll discuss in this presentation. And before I get into this slide, you want to remember that as you submitted an application based on the RFA that you applied for, your application was reviewed, scored and funded. This application included of course a budget, a very detailed budget in there, I would have done a justification, and you were funded based on the application that was submitted.

Program Income: A lot of this, when you submit your application, you're going to remember this all involves a lot of planning ahead of time, of course. And when you submit the application there are several forms within the application where if you intend to receive or if you did intend to receive program income you needed to identify within these different forms. We'll go a little further on in the slides and I'll inform you which forms those are, but just to give you a heads up, program income is basically reporting any reimbursements to further the objectives of the application. So as I mentioned, the application that you submitted had an approved budget, and so if you receive program income it's really to further the objectives of this same application. It is for allowable costs that are already approved within your application. [0:08:15]

Different places where you will think that you will learn or I will discuss: Budget, how to report it within your budget. How to use program income. What are different types of program income. And of course how to report program income. Next slide please.

Slide: The meaning of Program Income

Program income is gross income received by the grantee, directly generated by the grant-supported activity, or earned as a result of the grant. Must be used, as I had mentioned earlier, to further the objectives of the grant of the program and must be used based on allowable costs. Allowable costs of course, you always want to refer to the Code of Federal Regulations and any OMB circulars that apply to be able to determine what costs are in fact allowable. Next slide please.

Slide: STANDARD Terms of the Award

Within the standard terms and conditions that we include in all the notice of awards we refer... Since we're going electronic we have a lot of websites added within the notice of awards. As far as the standard terms, we do include program income as an accrued under this award, may be used in accordance with additional costs as an alternative. Again, it sounds very repetitious, but it must be used for allowable costs to further the objectives or the goals of this program. Next slide please. [0:10:05]

Slide: STANDARD Terms of the Award (continued)

One of the places where you want to report whether your program income has been disbursed, at the end of every 12-month period you would need to submit what is considered a Federal Financial Report, and in this report it's prepared cumulatively. Here's a link where you can access the SF-424, and you'll be able to report what was disbursed, what was used, and any program income remaining. If you go to the next slide you'll see a sample of the form.

Slide: SF425

And the program income is included within lines L through O. I know it's very tiny, but if you go to the actual website you'll be able to see it more clearly of course. You do have to report the income received, any disbursed, and what you have, again, remaining.

Slide: Example of Program Income

Within the next slide, just a few examples of what we consider to be program income: Medicare and Medicaid reimbursements, reimbursements from insurance, fees charged to register participants, rental or usage fees, any membership fees, co-pays. Basically it's any income earned through the use of the activities of the grant. So just to give you an example, you provide services, these services are reimbursed by Medicaid or Medicare or your insurance or third party billing or so forth, those funds, once you're reimbursed, you should use it to further the objectives of the grant and the program. [0:11:55]

So let's say for instance in your approved budget—just as a very broad example, within your approved budget you had estimated that you would use federal funds for travel for four people, and now that you have program income that you've been reimbursed for other services that reimbursed amount, you're applying it and now you can have someone else to travel. Of course it does have to be for allowable costs that have been already approved within your budget.

Yet another example, let's say a rental, let's say you are renting out, I don't know, I'd like to say a supply or an equipment, and you're getting reimbursed for that, those funds again become program income and those you need to report and use as additional costs within the budget. The next slide...

Slide: Use of Program Income

... costs where program income can be reallocated into the program. It could be used under personnel, fringe, travel was the example that I mentioned, equipment supply, contractual, any other, and even indirect costs. Basically these are all the budget costs I have identified and approved within the budget. The next slide...

Slide: Budgeting Program Income

Budgets are prepared by the grantee, as you know. Those budgets as they plan for the grant should include all funds that will be spent for in the project. If you have any other sources you want to make sure that you include that within your budget. Any sources where your program income will be earned, you should always include that within your budget when you submit your budget, because we want to be able to have an overall picture of what it's going to cost to run the program for each particular budget year. So if you have other sources, such as program income, other reimbursements, that adds onto the funds that you have available to run the program, not just the federal funds. So we just want to have a clear picture of all the costs that are involved. In the next slide... [0:14:20]

Slide: Budgeting Program Income

... when you submit your applications as part of the SF424 there is Item 18, it's an estimated funding, and if you have other sources you should include that, that is on the face page of the application. Also within your sample budget, as we mentioned, you want to identify any program income that you will be using as far as the SF424(a), that is the Budget Breakdown. Also there's a line within that form for you to report any estimated program income that you will be receiving.

Slide: Additional References

And then lastly in the last slide there's several helpful websites that can help you determine how program income is to be reported and what allowable costs may be used to apply the program income that has been received.

And Victor, that is the end of my presentation.

VICTOR: Okay. Well, thank you very much, Ms. Bermudez. At this point I would like to introduce Ms. Elicia McIntyre. Again, just a reminder, if you have any questions or any comments for Ms. Bermudez we will entertain those questions or comments at the very end. So right now I would like to introduce Ms. Elicia McIntyre from the Center for Substance Abuse Treatment, and she'll be talking about the Coverage to Care Initiative. Ms. McIntyre, can you hear us? [0:16:10]

ELICIA MCINTYRE: Yes, good afternoon, I can hear. Can you hear me?

VICTOR: Yes, we can hear you perfectly.

ELICIA MCINTYRE: Okay, great. Thank you, Victor. Thank you so much to the team for allowing me to speak to our grantees here for a few minutes today. As I was listening to Ms. Bermudez's presentation it just kind of highlights the fact that with an increase in the numbers of individuals now being covered by insurance under the ACA that this does result in sources of program income for our SAMHSA grantees. I wanted to just take a few minutes today to let everyone know if this is not an initiative that you've heard of, or perhaps if it is, just give you a little bit more information about From Coverage to Care. And Coverage to Care is an effort that looks to help educate consumers about their new coverage and connect them with primary care and preventive services. Next slide please.

Slide: What is *From Coverage to Care*?

So our goal—and this initiative was developed by the Centers for Medicare and Medicaid in conjunction with the Office of Minorities Health. And again, the goal is to help consumers understand their new coverage, help consumers engage in the healthcare system, as well as equip healthcare providers and staff with the information and resources needed to help them connect with the newly insured. And that's why I was excited about the opportunity today to talk with our grantees, because I know that in our listening audience here we do have providers and other community partners. [0:18:15]

So there are resources online and in print, and at the end of my presentation I will get to where you can find all of this information. Again, the purpose for this is that we understand that the newly insured are more likely to listen to trusted sources, and so Coverage to Care builds upon existing networks to disseminate this information. This is where we need you to help educate consumers. There is a roadmap, and I'm going to go into that in a little more detail, there's a discussion guide that providers can use with clients or patients, there are videos. And this effort is also a multi-lingual, multi-cultural effort as well. So in trying to reach through some of the language barriers as well a lot of this information has been translated into other languages for the newly insured. Next slide please.

Slide: Why *From Coverage to Care*?

So we know that as a result of the ACA more than 11.4 million Americans have obtained coverage through the marketplace, and more than 6 million have obtained coverage through Medicaid and CHIP. And there are also a number of uninsured who became old enough to qualify for coverage through Medicare. And for many, this is the first time in a long time, or perhaps the first time ever that they've had coverage. Many of the newly insured overcame barriers just to enroll in coverage. Cost of course was a huge factor for many, education about the types of plans available, language, as I mentioned earlier. These were very real barriers, and while there were numerous supports put in place to help consumers overcome these challenges and enroll in coverage, there were significantly fewer supports in place to help them understand and appropriately utilize their coverage. [0:20:30]

If we don't help the newly insured see the value of their coverage and understand how to use it appropriately to obtain primary care and the preventative services that are right for them then

we're kind of missing our goal, which is to improve population health and reduce healthcare costs, which were two other important goals of the ACA. Next slide.

Slide: From Coverage to Care Resources

So I wanted to just have you have the link available, this is the marketplace at the CMS website. And I can't emphasize enough, all of these materials are free of charge, it's really a wonderful resource. The "Roadmap: From Coverage to Care" comes in a booklet form that can be given directly to consumers, but there's also a poster version of the roadmap, and that's something that can be placed in clinics, in waiting areas and exam rooms, that sort of thing.

There's also inside the booklet, the roadmap booklet, a full explanation of, you know, "Here's what your insurance card looks like, here's what the typical insurance card looks like, here's what to look for on your insurance card. What's the difference between primary care and emergency care?" You might encounter individuals who their only interaction with the healthcare delivery system maybe has been through the ER, and so now knowing what are the types of the things that I need to go to my primary care physician for. [0:22:05]

And then of course there is an accompanying discussion guide for the roadmap, as well as video vignettes. But really the signature piece is that "Roadmap to Better Care and a Healthier You," and that's what's pictured here on the slide. And the roadmap is available in English, Spanish, Arabic, Russian, Chinese, Korean, Vietnamese, and Haitian Creole. And CMS has also made available a tribal version, and it's a little pdf where communities can personalize the roadmap with their own information. And any of these resources, if your organization chooses to print or download directly or order any of the publications, they can be shipped directly to you at no cost. Next slide please.

Slide: How to Use the Roadmap

So using the roadmap. We would like for community organizations to be able to use the roadmap to start a conversation with the newly insureds, use it in conjunction with the discussion guides, actually walk through steps pointing out things for the consumer to think about. And this falls directly in line with starting where the client is at, asking the consumer where seems the most appropriate place to start and so that we can help personalize the journey to meet their needs. You might also want to customize the roadmap by adding information on local resources. And you can also of course link consumers to videos and resources at each step of the roadmap to improve their understanding of the material. [0:24:00]

So the Coverage to Care resources are your tools and explanations and conversations that you have with your consumers that will help them understand and remember the steps that they use in their new insurance. Next slide.

Slide: From Coverage to Care Roadmap

So this is a picture of the roadmap, and unfortunately I don't think we can get it any bigger, I apologize for the fine print. But you can perhaps see that it starts literally right at step one with

putting your health first, then it goes all the way through step eight, which includes next steps after your appointment. But this really walks the consumer through, and step number three was what I was referring to earlier in terms of knowing where to go for care and when, using the emergency department for a life threatening situation, and using primary care appropriately when it's not an emergency, and knowing the differences between the two.

Step six really talks about being prepared for your visit, having questions for your doctor. Step seven, making sure that your provider is right for you and what questions to ask, and that consumers do have a choice in providers. Next slide.

Slide: Other Information in the Roadmap

Other information in the roadmap is also useful. There's a glossary of health coverage terms in the back. As I mentioned earlier, there's a sample insurance card that you can use to go over with consumers, a sample explanation of benefits. And again, prior to coming to SAMHSA I worked in the provider world as a clinician and considered myself fairly savvy when it comes to insurance issues, but I know that every year I sit down with my aging mom and go over her Medicare with her and sometimes we're both scratching our heads. So sometimes even for folks that you think you may already know, health insurance can be confusing. And so again, this effort was really to bring things to a level that the consumer can understand, and so that they can also know what to expect. [0:26:35]

And there's even space in the back of the book for the consumer to keep track of their information, like knowing their numbers, knowing their blood pressure numbers, knowing their cholesterol numbers and their A1C, as well as contact information for providers. So it's something that is meant to be held on to and carried with throughout. Next slide.

Slide: More Information on *From Coverage to Care*

So the last slide, for anyone that wants to jot down the website. And again, this is where you can order at the CMS website information, resources, completely free of charge. And also if you have questions about Coverage to Care, I, with the help of our federal partners at CMS who gave me these slides, but they also do have a direct e-mail inbox for questions specific to Coverage to Care.

That is the end of my presentation. I'm going to turn things back over to Victor, and I will also be on the line if there are further questions about Coverage to Care. Thank you. [0:27:50]

VICTOR: Thank you very much, Ms. McIntyre. At this point we would like to open up the floor for any questions, comments that grantees might have on either presentation, for Ms. Bermudez on program income, or for Ms. McIntyre on the Coverage to Care Initiative. So if you have any questions or you have any comments please type them in your question box and we will read them out loud. [pause] So again, any questions or any comments for either Ms. Bermudez or for Ms. McIntyre you can go ahead and type them in your question dialog box.

EILEEN BERMUDEZ: I've been given a question that I want to go ahead and answer: "What if a grantee rents space in their own area, in their own building?" So that would also become program income, because let's say for example as far as your application you are paying rent at a facility. And of course you include it in your budget and it's been reviewed and approved and so forth. If let's say for an example at night time you have a meeting for, I don't know, I'm just going to take an AA meeting or so forth, that group may be paying you to rent a couple of hours that space. That would become program income because you were paying the rent to that facility to run your program and you're in turn renting that space out. So that could potentially become program income and you could use that also to further the objectives of your program. [0:30:25]

VICTOR: Thank you very much. Okay, I think we have a question. Thank you very much, Ms. Bermudez. We do have a question, or a comment, and it reads: "I would like to clarify, our grant specifies that care should be provided to clients who do not access services elsewhere. We are also asked to enroll eligible uninsured clients into health insurance. Is the expectation that we keep those insured clients and bill Medi-Cal, or even private insurance?"

EILEEN BERMUDEZ: I'm afraid you'd have to repeat the question, I'm not quite sure I understood the question.

VICTOR: Okay, I'll repeat it. So give me a second. Okay. "I would like to clarify, our grant specifies that care should be provided to clients who do not access services elsewhere. We are also asked to enroll eligible uninsured clients into health insurance. Is the expectation that we keep those insured clients and bill Medi-Cal, or even private insurance?" [0:32:10]

EILEEN BERMUDEZ: And they're talking about the clients, the different types of clients and the expectations.

JUDITH: This is Judith. I'm going to try to do some recall when I worked in the healthcare industry and try to help... at least have a dialog around the question. Because I know that as you get clients into your clinic, and I know that we have a variety of organizations from mental health, primary care, and different kinds of organizations. And for some of you who are familiar with how the Ryan White Care Act program runs, you may encounter a client, correct, that doesn't have any insurance. And so because you want to keep the client in care and give good care, quality care to the client, you would seek on behalf of that client, I forget the exact name of the form, but they would have to go through a process to become eligible for services, whether it's Medicaid or Medicare or both. And my colleague here is mentioning some of the navigators that are available in most of the states to enroll that client into healthcare services.

Now, depending on where the client lives or how they're accessing services would really depend on whether or not you keep that client in your organization and provide continued services. I'm trying to think of some scenarios that could help for the dialog around that question, but the one again that just comes to mind is you will encounter people who are uninsured, and we want to make our best effort with getting those people some type of insurance and navigating them through the healthcare system. [0:34:10]

Now, there's a term in Medicaid, and I believe in Medicare too, where you do the prospective billing. So you would provide service to that client prospectively knowing that based on the information that they had given you, based on income, family size, et cetera, federal poverty levels, that you will get reimbursed for those services. And so this is why this webinar is important. And I'm going to stop there, because I think that's the only, at least in my remembrance, scenario that I can remember, that, you know, you engage a client, you do provide services based on the fact that you will get reimbursed if they are indeed eligible for either Medicaid or Medicare services, or private insurance as well.

VICTOR: All right, thank you very much. And that was Judith, right?

JUDITH: Yes.

VICTOR: Okay, thank you very much, Judith. Judith is a Federal Project Officer with CSAT.

JUDITH: Right.

VICTOR: Again, any question, any comments that grantees might have please go ahead and type them in into your question dialog box. [pause] We have another question from a grantee. "Can you please explain the program income again? Can you also tell me if I have a collaborative partner which needs to use space in my building, would that be considered program income?" [0:36:15]

EILEEN BERMUDEZ: You want to remember that program income is basically income earned because of basically having the grant, because of use of running the grant. So I'll give you another very, very basic example. Let's say you have the grant, you have the program, and you prepare brochures, or videos. As a means of one of the services you provide for the grant you prepare videos. You sell the videos five dollars apiece. That is program income, through the use of the activity of the grant you are earning income. You want to think of it that way.

So it is also in the sense of I know Medicaid and Medicare because of bigger questions. So let's say you were providing a service, and within your budget and within your application you're saying, "We are providing these types of services to our clients." Okay. If you get reimbursed through another source for that same service, then once you receive that reimbursement that you receive you take those funds and put it back into the program for additional services that... or additional costs that could be allowed within the budget. So because you have the program you are providing these types of services, but if you're getting reimbursed through another source for those same services, then those funds you're putting back into the grant let's say, you're putting back into the grant for allowable costs to further the objectives of the program. [0:38:05]

So back to the building. If you own the building and you're renting space within the building, in a situation like that it wouldn't be program income because it's your building. If you're charging rent—let's say you were charging the whole first floor, you're using the whole first floor for this program, the MAI-CoC program, and within your budget you're charging us the rent for that first floor. Well, in the example that I was using, let's say... what did I say, the AA? I'm going to say AA is using two rooms of that first floor, that could potentially be program income, because

you're charging us the lease, we're using federal funds to pay for the rent for that first floor where you're running the program, yet you're making income.

Something like that would be. But if you own the building you're not charging us. No, I wouldn't see how that would be considered program income. You really want to focus on because you have the grant, now you're making income, you're earning income, and so those same funds should be put back into the program to further the objectives of the program. We all want to be real good stewards of federal funds, so the idea is if you have other sources and you're already using federal funds then put those sources back into the grant to enhance your program. Just put that back in. [0:40:00]

VICTOR: All right, thank you very much, Ms. Bermudez. Any other questions or any other comments by grantees, again, just type it in the question dialog box.

EILEEN BERMUDEZ: Now, there's something that I do want to bring up. You want to be careful and you want to make sure that you're really monitoring these other sources as far as the program income that you're receiving, how you're earning it and how you are disbursing it. If you're receiving or earning program income, and so you have funds available to hire someone, you most certainly can hire that person using this program income. My concern is that if you're already using SAMHSA funds or federal funds to pay for this person's salary, and now you have these other sources, you really want to make sure that you monitor, if you're using these other sources to pay this person's salary also, you don't want to fall into supplementation. If other sources are paying or covering for the services, or paying for this person's salary, you really shouldn't be charging it to the grant, because you have other sources already paying for it. That is supplementation.

You want to make sure that you monitor very closely what you're using program income for when it comes to personnel or any other cost. Remember, this is additional cost, so you want to add to the goals and objectives of what's already been approved within your budget. A salary that's already been covered by someone else it's not appropriate to charge the grant, because that could potentially be supplementation. I'm just throwing ideas of things that I just want you to be aware of. [0:42:20]

JUDITH: You can add a step.

EILEEN BERMUDEZ: You can add a step, sure. That's like adding someone to go to... you know, you want an outreach person that wasn't in your approved budget, now that you have program income you want the outreach person to go to our grantee meeting.

JUDITH: Yeah, that's another one.

EILEEN BERMUDEZ: You can add it to training. You know, we've already approved training, so now you have this extra earned income that you want to... for additional training. That would be okay. So always remember to add value to the goals and objectives of this program that's already being funded.

JEANETTE BENNETT-MILLS: Or— Jeanette Bennett-Mills —or in the illustration that Eileen gave at first, if you had a person on staff, let's say they were for fifty percent...

EILEEN BERMUDEZ: Right.

JEANETTE BENNETT-MILLS: ... and then you were able to come up with another fifty percent through earned income, and you needed that person at a hundred percent, then you could do that. But the bottom line is to be careful to know where it's coming from.

EILEEN BERMUDEZ: Right. And be able to monitor it...

JEANETTE BENNETT-MILLS: And to monitor.

EILEEN BERMUDEZ: ... so that when you prepare your books... You know, we all get audited, Grant Management's files always get audited every year, we all get audited. If your files get audited, you want to be able to specifically identify that fifty percent is being charged directly to the grant, and this other fifty percent comes from program income. It's monitoring and being very clear and very concise. [0:44:00]

Now, as far as adding services, that could potentially be a change of scope. So I do not think it's a good idea that you use program income to enhance or expand or have more services. If the services are already approved within your budget, that would be more appropriate. Now, if you're adding services, that could potentially be a change of scope. That requires prior approval, it may affect your budget as a whole, there's a series of questions that involve change of scope.

As I said at the beginning, you want to remember that when you submitted your original application in response to an RFA your application was reviewed, scored and funded based on all the things you said that you were going to do at that point. If you're adding services it could potentially be a change of scope. That requires prior approval. And it can be approved, however it requires prior approval. So it's not just, okay, you can use the program income to add services.

ILSA: But if a project didn't anticipate the potential for program income then they should come back to, say, Louis Velasco and the GPO and review what they're planning.

EILEEN BERMUDEZ: Right. You should always be in direct contact with your grant management specialist and your program officer.

ILSA: This is Ilsa again. So whenever there's a capacity for programming to come under services provided under the grant it's important to access other available sources for payment.

JUDITH: We can speak [about that?]. We don't know about that [now?]. [0:46:00]

ILSA: The grant should be paying for things basically that are not covered otherwise. Like we shouldn't be going in and paying for insured services, services that can be accessed under other payment sources. And so it can get a little complicated, and that's why if an original budget

didn't anticipate incomes you can come back to the program and discuss that opportunity, which you would easily do by reaching out to Louis Velasco, our specialist, and your GPO.

JUDITH: Yup. [laughter]

EILEEN BERMUDEZ: You should always be in direct contact with your grants management specialist and your program officer. Any changes, any new ideas, anything that you deem necessary to enhance your program you should always be in contact, because some things may be allowable, some things may not be allowable, and it just takes a discussion. You should always talk about it before you do anything, that is considered prior approval. Change of scope requires prior approval before it's done.

JEANETTE BENNETT-MILLS: And one last word of caution. I think we're all clear, but with these increased opportunities for insurance, Medicare, Medicaid, Medi-Cal, and all these other things, that does not decide whether an individual who fits the eligibility requirements based upon the grant, the RFA that you responded to, and the population you intended to serve, their having insurance or not does not influence whether or not they should be taken in as a client. [pause] Amen. [0:48:00]

VICTOR: Okay, thank you very much. Just to clarify for grantees who might be out there who might be confused on why we're hearing so many voices, we did have also the participation of Ilsa [Ruditiz?], CMHS Project Officer, and Jeanette Bennett-Mills, [CSAT?] Project Officer.

ILSA: And we also Judith [inaudible] from CSAT.

VICTOR: Yes, I know, we did specify that Judith was also on the line. So thank you very much for everyone's input. Again, just a final opportunity for any grantees who might have any questions or any comments, either on program income or on Coverage to Care. [pause] Okay, I think we will move to finish the Q&A session. Just a reminder, if you have any additional questions you can send them to Integration@NationalCouncil.org, or at MAI-COC-TA@mayatech.com. If you have any additional questions either on program incomes or on coverage to care you can send them to us and we'll pass them on to each of the presenters. [0:50:00]

Finally, for more information or resources you can visit the SAMHSA/HRSA Center for Integrated Health Solutions, or you can e-mail them. And again, you can also find information at the MAICoC online community webpage.

So thank you to all the grantees for joining us today. Just a reminder, please take a moment to provide your feedback by completing the survey at the end of the webinar. And please be on the lookout for information. Maybe in the next couple of weeks we will be sending information on the June webinar which will be focused on hepatitis, so please be on the lookout for that information. And again, if you have any questions, if you have additional comments either for this presentation or for future ones, next month's hepatitis or the ones that we have planned, please feel free to e-mail MAI-COC-TA@mayatech.com.

Thank you again for your time today. I hope that this webinar was informative to everybody, and we hope that we will see you online again next month. Thank you very much.

OTHERS: Thank you.

END TRANSCRIPT